

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
AUG 17 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8806 16006	2. Fiscal Year Covered From: 1/1/2004 Through: 12/31/2004
3. Name and address of person filing. Name THOMAS J STARK P.O. Box, Bldg., Room No., if any Street 8250 PINE FOREST RD City RAVENNA State MI ZIP Code + 4 49451	4. Name, file number, and address of labor organization. Name UNITED BROTHERHOOD of CARPENTERS LOCAL 100 Labor Organization File Number 34175 P.O. Box, Building and Room Number, if any Street 140 64TH AVE City COOPERSVILLE State MI ZIP Code + 4 49404
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas Stark

On

8-12-05
Date

616-837-1500
Telephone Number

Name of Person Filing

THOMAS STARK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: MI CARPENTERS FRINGE BENEFIT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 6525 CENTURION DRIVE

City: LAUSING

State: MI

ZIP Code + 4 48917
9275

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF PENISON FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ALL REIMBURSEMENTS ARE FOR
EXPENSES DIRECTLY INCURRED IN
MY CAPACITY AS TRUSTEE

12.b. Amount.

342.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <u>Thomas STARK</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: <u>MI CARPENTERS FRINGE BENEFIT</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: <u>6525 CENTURION DRIVE</u> City: <u>LANSING</u> State: <u>MI</u> ZIP Code + 4: <u>48917</u> <u>9275</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>TRUSTEE OF APPRENTICE SHIP</u> <u>TRAINING FUND</u> </div>
	11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>ALL REIMBURSEMENTS ARE FOR</u> <u>EXPENSES DIRECTLY INCURRED</u> <u>IN MY CAPACITY AS TRUSTEE</u> </div>
	12.b. Amount. <u>192.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing THOMAS STARK	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: MI CARPENTERS FRINGE BENEFIT</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 6525 CENTURION DRIVE</p> <p>City: LANSING</p> <p>State: MI ZIP Code + 4: 48912 9275</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>TRUSTEE OF HEALTH CARE FUND</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>ALL REIMBURSEMENT ARE FOR EXPENSES DIRECTLY INCURRED IN MY CAPACITY AS TRUSTEE</p> <p>12.b. Amount. 267.00</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment. _____</p>